

Application for Prelicensing Education Provider/Course Approval

- **TWO (2) COMPLETE COPIES** of your entire application are required.
- **TWO (2) COPIES of the respective content outlines** with time allocations or page numbers.
- **ONE COPY of the textbook, CD-Rom or access to Internet course must be submitted.**
- **Application must be properly completed and accompanied by supporting documentation.**
Complete a separate application for each course.

Mail to:
Education Program
OFIS
P.O. Box 30220
Lansing, MI 48909-7709

Part 1—Provider Information and Approval Type (choose only one) and enter all other information

☐ **New Provider Approval**

Provider number will be assigned upon course approval

☐ **Additional Course Approval**

*If provider is already approved in Michigan
enter your Michigan provider number:*

Please enter your
4-digit Michigan
provider #: _____

Provider Name and complete address	Select organization type (select only 1): <input type="checkbox"/> Authorized Insurer <input type="checkbox"/> Insurance Trade Association <input type="checkbox"/> Education institution listed in the state board of education directory of institutions of higher learning <input type="checkbox"/> Education institution offering home study course that has been in existence for not less than 5 years
Contact Person name:	Provider Federal I.D. No. (Social Security No. if individual provider)
Daytime Telephone number:	
E-mail address:	

☐ Please check this box if any provider information has changed since your last filing.

Part 2—Course Approval

Course Name (may not be more than 35 characters including blank spaces)	Is this course offered to all persons in the industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Course Concentration (select all that apply) <input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Property/Casualty Number of Credit Hours Requested: _____	If another provider received MI approval for this course, insert course #: _____ If this is a revision to an approved course, insert course #: _____

OFFICE USE ONLY

Date assigned _____	Assigned Evaluator _____	Date Received _____	<input type="radio"/> RJ <input type="radio"/> DC <input type="radio"/> DI	Assigned Course # _____
Type: <input type="radio"/> Life <input type="radio"/> Health <input type="radio"/> P&C	Date Returned _____	<input type="radio"/> Approved <input type="radio"/> Disapproved	# credit hrs. _____	Date Notified _____

METHOD OF INSTRUCTION (select one and complete the entire section)

<input type="checkbox"/> SELF STUDY PROGRAM (select all that apply) <input type="checkbox"/> Audio Tape <input type="checkbox"/> Textbook <input type="checkbox"/> Teleconference <input type="checkbox"/> Videotape <input type="checkbox"/> Internet <input type="checkbox"/> Computer based/CD-Rom Describe test security procedures (add additional sheets, if necessary): 	<p align="center">For each item that applies</p> <p>Pages of text, <i>excluding</i> appendices, glossary, indexes and exams: _____</p> <p>Computer screens: _____</p> <p>Total word count <i>excluding</i> appendices, glossary, indexes, and exams: _____</p> <p>Minutes of tape or computer time: _____</p> <p>Total minutes in classroom/teleconference: _____</p> <p>From purchase date, days to complete materials: _____</p>	<p align="center">Enter # of:</p>
---	---	--

<input type="checkbox"/> CLASSROOM/SEMINAR PROGRAM Describe method used to verify attendance: 	<p>Instructor criteria (select all that apply—do <u>not</u> send resumes)</p> <p><input type="checkbox"/> 3 years of experience in line being taught</p> <p><input type="checkbox"/> 3 years teaching experience</p> <p><input type="checkbox"/> 3 years combined of teaching and line being taught.</p>	<p>Net Class Time in minutes (net <i>excludes</i> introduction, breaks, meals and subjects not directly related to course):</p> <p>_____</p>
--	---	---

Part 3 - Certification (Required for all applications.)

I certify that, under penalty of perjury, all of the information submitted with this application and supporting documentation is complete and true. I am aware that submitting false information or omitting pertinent information in connection with the application is grounds for revocation or denial of the authority granted by approval of this program and may subject me to civil or criminal penalties.

Signature

Date

Signer's Name and Title (type or print)

P.A. 173 of 1986 requires submission of this form. Failure to complete and submit this form properly could result in denial of approval.

Visit OFIS on the Web at:
www.michigan.gov/ofis



Michigan Department of Consumer & Industry Services
"Serving Michigan... Serving You"



Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.